SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zonling Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD GOUNTY, WISCONSIM
Date Sump (Received)

Refund:		Amount Paid:	Date:	Permit #:	
	531-13	800	6.6.18	3000	

ed until all fees are paid.

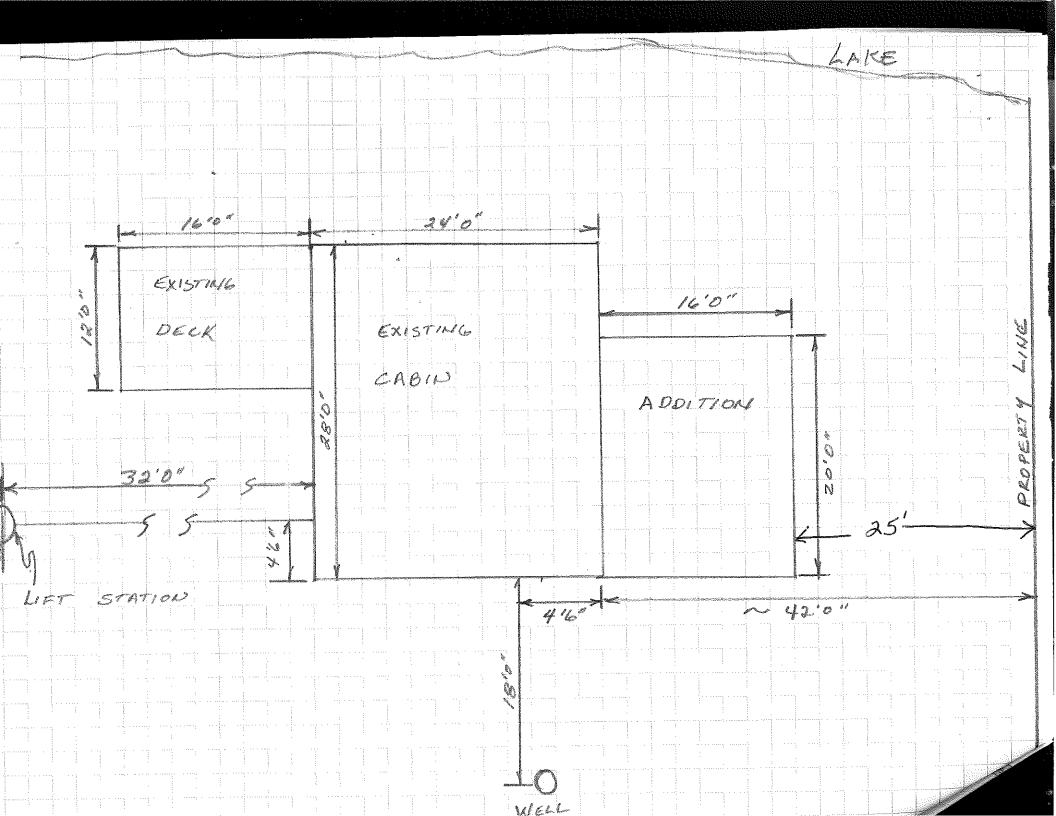
Bayfield Co. Zoning Dept.

	Attach	Ì	this application)	nust accompany	on behalf of the owner(s) a letter of authorization must accompany this application)	vner(s) a letter	on behalf of the ov	(If you are signing o	1	Authorized Agent:
	Date	on)	must accompany this application)	zation must accc	letter(s) of authorization	nust sign <u>or</u>	the Deed All Owners r	listed on the	nere are Multiple Owners listed on the D	(If there are t
9-13	Date 5-3	.	been	Such	there	" Ma	ge purpose of inspecti	nable time for t	opermat any reaso	above described pr
lowledge that I (we) ccept liability which have access to the	nd complete. I (we) acknowledge that I (we) a permit. I (we) further accept liability which ing county ordinances to have access to the	true, correct and i ther to issue a pe ith administering	in Spart in the detail of the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue may be a result of Bayfield County in determining whether to issue may be a result of Bayfield County in determining whether to issue may be a result of Bayfield County ending on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administration in the providing in this information I (we) are consented to the providing in the providing in the providing in this information.	he best of my (our) k upon by Bayfield Co I (we) consent to co	ed by me (us) and to the distribution of the transfer of the t	has been examine (are) providing an re)	RE IO OBIAN A PE npanying information) information I (we) am ormation I (we) am (a	FAILU uding any accor accuracy of all lying on this inf	Halpskaldn (incline for the detail and Bayfield County re	I (w Secretaria) am (are) responsib
	:	ENALTIES	MIT WILL RESULT IN P	J WITHOUT A PER	NG CONSTRICTION	SI AIT AS STABIL	Other: (explain)	Other		S
			The state of the s			olain)	Conditional Use: (explain)			
	××	- -	A STATE OF THE STA		100 miles	Lawrence 1 197	Special Use: (explain)_		ssuance 🗆	Rec'd for Issuance
117.	1111			17		ממונוסוו/ אונ	Accessory Building Addition/Alteration	_		
	× :	_ -		7	eration (specify)	(specify)	Accessory Building		7	Municipal Use
220	30 × /6 )	- (-	100	Bath	BR+	(specify)	Addition/Alteration	++	ΓΤ	
	X )	<u>'</u>  -			Mobile Home (manufactured date)	actured date)	Mobile Home (manufactured date)	_		
	X )	25)	& food prep facilities)	or Cooking &	leening quarters	with Attached Garage	with Atta	<del> </del> -	Ţ	Commercial Use
	×	1				) Deck	with (2"") Deck		:	
	× >	_ _				eck	with a Deck			
	×				A-1-1-11	) Porch	with (2 <sup>nd</sup> ) Porch			
	×					rch	with a Porch		Use	🗴 Residential Use
	×			, and the second second	ck, etc.)	hunting sha	Residence (i.e. cabin, hunting shack,	Reside		
1	× ×	_ -	1444		(first structure on property)	irst structur	Principal Structure (f	Princip		
Footage	Jimensions	, .		re .	Proposed Structure	Pro			Se Y	Proposed Use
Square										To Co
12	Height:	e	Width:	7	Length: 20	ŧ	for is relevant to	eing applied	e: (if permit b	Existing Structure: (if permit being applied for is Promoted Construction:
	Height:		width.							
			None			tion	Foundation		Property	
	ntract)	service co	Portable (w/service contract)     Compost Toilet	□ None		ement	1 1	siness on	☐ Run a Business	
on)	Vaulted (min 200 gallon)	or   Vau	Privy (Pit)	1 1		nt		Relocate (existing bldg)	☐ Relocate (ex	2000
Щ	ify Type:		X Sanitary (Exists) Specify Type:		o I Con I Co	101	2-Story	Alteration	Addition/Alteration	
X Well	Specify Type:		ĺ	<b>K</b> . □	Seasonal	- -	3 🔀	struction	□ New Construction	
□ City		7	□ Municipal/Citv	1	Concept	ב				material
Water	What Type of Sewer/Sanitary System Is on the property?	What Type of wer/Sanitary Syste is on the property?	Sewe Is c	# of bedrooms	Use manage	ries ement	# of Stories and/or basement	ect applying for)	Project (what are you applying for)	Value at Time of Completion * include donated time &
			TO SECTION OF COMPANY							Non-Shoreland
No X	× No	_ feet	Distance Structure is non shorenine for	Distance Struc	continue 🛶	ake, Pond or	g is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	y/Land with	🕦 Is Propert	Sonoreland —
Present?	Is Property In Floodplain Zone?		/O (SEE POT HAN) fee		continue	ver, Stream (	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes	y/Land with ndward side	☐ Is Propert Creek or Lat	
Are Wetlands		_	ture is from Shore	Dictance Struc						
1+ 410	1.84+	Lot Size		Nor-	Town of:	W	N, Range 8	4	, Township	Section 3
and LiL	Trea	せんから		24 33 38 38 38 38 38 38 38 38 38 38 38 38	Vol & Page	s) CSM	Gov't Lot   Lot(s)	Gov	1/4	1/4,
Page(s) 877	1051 Page(	Volume 10.51	165 (03000)	3-1 80-	47-08-0	PIN: (23 digits)	(Use Tax Statement)		Legal Description:	PROJECT LOCATION
Attached  Yes No	Attached	ite/ZIp):		ent Mailing Add		Agent Phone:	alf of Owner(s))	cation on beha	(Person Signing Application on behalf of Owner(s))	thorized Agent: (Pe
ithorization				Plumber:		Contractor Phone:				1
263-2936	263-		74847	01 54	Tron River U	Chy/State/Zip		Lane	perty:	dress of Property:
" 7/3	Cell Phone:	MN 55308	-	Ba	85th Ave	10190 1854	1 Trust	Frickson		mers Name: mers Name:
one:	☐ B.O.A. ☐ OI		DNAL USE ☐ SPECIAL USE City/State/Zip:	CONDITIONAL USE City/State/7		SANITARY   PR	D USE 🔲 SA	X LAND USE	QUESTED-	PE OF PERMIT REQUESTED—▶
y.org/zonnsgroom	Windonsial Awara &	our websits	ા ~	DO I FILL OUT THI	1 1	APPLICANT.	VE BEEN ISSUED TO	PERMITS HA	TION UNTIL ALL	ks are made payable to: Bayrield County Loning Department.  OT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
/ina/acm	· T. Hamilyan					İ	wheel	· Jamina Da	1 .5 -12 7 AIR	Owner or .

Attach
Copy of Tax Statement
Fyou recently purchased the property send your Recorded Deed

Address to send permit give

No	Condition(s):Town, Committee or Board Conditions Attached?
Were Property Lines Represented by Owner  Was Property Surveyed  A Yes  Zoning District  ( P-I Lakes Classification ( A L	Condition(s):Town, Committee or Board Condition:
Were Property Lines Represented by Owner Reves  Was Property Surveyed A Yes  Zoning District (R-I Lakes Classification (A Date of Re-Inspection:	Condition(s): Town, Committee or Board Condition:
We're Property Lines Represented by Owner  Was Property Surveyed   Was Property Surveyed   Zoning District (R-I  Lakes Classification (A)  Inspected by: M 1, M 1	
We're Property Lines Represented by Owner  Was Property Surveyed  Was Property Surveyed  Zoning District  R-1	Date of Inspection:
Were Property Lines Represented by Owner  Was Property Surveyed   ✓ Yes	1
	Was Parcel Legally Created YYes Proposed Building Site Delineated XYes
Previously Granted by Variance (B.O.A.) ☐ Yes [2] No ☐ Case #:	nu ⊨
(Deed of Record) SNo Mitigation: Required ☐ Yes XNo Affidavit Required ☐ Yes XNo (Frused/Contiguous Lot(s)) ☐ No Mitigation Attached ☐ Yes XNo Affidavit Attached ☐ Yes XNo	i Lot □ Yes ship <b>⊅</b> Yes ning □ Yes
Permit Date: 6-6-13	Permit #: /3 -0/0 /
Sanitary Number: 137200 # of bedrooms: 3 Sanitary Date: 8-16-90	Issuance Information (County Use Only)
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	
re previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arked by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	one previously surveyed corner to the other previously surveyed corn marked by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Loc
imum required setback, the boundary line from which the setback must be measured must be visil spense.  spense.  shan thirty (30) feet from the minimum required setback, the boundary line from which the setback is the minimum required setback, the boundary line from which the setback is the minimum required setback.	DetDdCk. (U.P.11VY) (P.O. Id.Dule, "ConTipussioning) Prior to the placement or construction of a structure within ten (10) feet of the min other previously surveyed corner or marked by a licensed surveyor at the owner's e proviously surveyed corner or marked by a licensed surveyor at the owner's e proviously surveyed corner or arked by a licensed surveyor at the license of the license of a structure more than ten (10) feet but let
19-49-	Setback to Septic Tank or Holding Tank Setback to Drain Field Control of the Composition
Feet Elevation of Floodplain	Setback from the East Lot Line
Setback from Wetland Setback from 20% Slope Area	Setback from the North Lot Line Kond
Setback from the Bank or Bluff  Setback from the Bank or Bluff	Setback from the Established Right-of-Way
30ナ Feet Setback from the Lake (ordinary high-water mark)	
Measurement Description Measurement	Description /
nuing)  Changes in plans must be approved by the Planning & Zoning Dept. sest point)	Please complete (1) (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)
See Mary	
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	iny (*):
<b>North</b> (N) on Plot Plan (*)	Show / Indicate: Show Location of (*): Show:
Proposed Construction	Show Location of:



SUBMIT: <u>COMPLETED</u> APPLICATION, TAX Washburn, WI 54891 (715) 373-6138 Planning ar PO Box 58 **Bayfield County** and Zoning Depart.

BAYFIELD COUNTY, WISCONSIN

Permit #: Refund: Amount Paid: #90 0 13:0193 5-31-13 6.6 Ġ

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THE STATES

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶  X Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yescontinue —▶	Section 38, Township 47 N, Range 8	tateme	LOPIN WICKLUM  Authorized Agent: (Person Signing Application on behalf of Owner(s))	o. Buskey Bay Dave	TYPE OF PERMIT REQUESTED - K LAND USE SAN  Owner's Name:  GLENN R VIGGIANO	INSTRUCTIONS: No permits will be issued until all fees are paid.  Chacks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
er, Stream (Ind. Intermittent) If yes—continue— ke, Pond or Flowage If yes—continue—	W	1 1	715-792-3158 Agent Phone: A	City/State/Zip:  Land The North North Contractor Phone:  PI  Contractor Phone:  PI	SANITARY PRIVY Mailing Address:	ayfield Co.
Distance Structure is from Shoreline:  fee  Distance Structure is from Shoreline:		PIN: (23 digits)  04-024-2-47-08-28-1 00-250-15000 Volume  04-024-3-47-08-28-1 00-250-15000 Volume	Agent Mailing Address (include City/State/Zip):	City/State/Zip:  LEON RIVER, WI 54847  Contractor Phone: Plumber:	Mailing Address: Chylstate/Zip: 20619 43873 Creeping Ivy Way, Colifornia, M	Zoning Dept HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)
#   # _	P. Ko Lak	Recorded Document Volume 1058	state/Zip):			it our website www.bayf
Is Property in Floodplain Zone?  C Yes  Y No  Are Wetlands Present?  Present?  No	ake Konk	Recorded Document: (i.e. Property OwnerSnip)  Volume 1058 Page(s) 123  Subdivision:	Written Authorization Attached Yes X No	769-8456 Plumber Phone:	Telephone:	bayfieldcounty.org/zoning/asp)

Value at time of Completion *include (W) donated time &	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Wate
2 material	-			ه دران الم	□ Municipal/City	☐ City
	New Construction	☐ 1-Story	¥ Seasonal	L		
	5 ∤	X 1-Story + Loft	X Year Round	□ 2	☐ (New) Sanitary Specify Type:	Xwe
_		- 1		3	区 Sanitary (Exists) Specify Type: くられい	][ 
	Colleciator				☐ <b>Privy (Pit)</b> or <b>Vaulted</b> (min 200 gallon)	<u>á</u>   
	Relocate (existing bldg)	Basement				
	Bun a Business on	✓ No Basement		X None	Portable (W/service contract)	
		☐ Foundation			☐ Compost Toilet	
	- coperty				□ None	
	****					
			I ength:		Width: Height:	
Existing Structure: (If permit being applied to is relevant to is)	Lbeumit being abbiten in	19 Cleaning to 19	langth: 2/		Wight: W	د د

					2450
arant r	Proposed Use	۲,	Proposed Structure	Dimensions	Footage
		ן נ	Principal Structure (first structure on property)	×	
	<b>.</b>		Recidence (i.e. cabin, hunting shack, etc.)	×	
			with loft	×	
			With	×	
	Residential Use		with a Porch	×	
			with (2 <sup>nd</sup> ) Porch	× >	
			with a Deck	× ×	
_		****	with (2 <sup>nd</sup> ) Deck	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Commercial Use		with Attached Garage	^	
			Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	×	
		-	Mohile Home (manufactured date)	X	
		ם כ	Addition / Alteration (specify)	×	
	☐ Municipal Use	ء ا ۵	Accessory Building (specify) An Mayo	(30' × 36')	1,080
		)	Addition (specify)	~ ×	
			Wreeport & community community	•	
1		J		( x )	
-	Hec'd for Issuance		special ose; (explain)	( ×	
			Conditional Use: (explain)	×	
			Other: (explain)		-

FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Section 16 The decimination (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) remitted responsible for the decimination accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property again reasonable time for the purpose of inspection. Owner(s): Mhe Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 29-13

(If you are signing on behalf of the owner(s) a letter of authorization must Address to send permit 96055. Busky Bay DR., Iron River, U

company this application)

FW 54847

Date

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Signature of Inspector: Hold For Sanitary:	Condition(s):Town, Committee or Board C May Mot be used Mb water under p	Well Star	Was Parcel Legally Created Was Proposed Building Site Delineated Inspection Record:	Granted by Variance (B.O.A.) ☐ Yes 🟃 No	is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #:	Issuance Information (County Use Only) Permit Denied (Date):		to the pla to the pla reviously	Setback to <b>Drain Field</b> Setback to <b>Privy</b> (Portable, Composting)  MA  Beoto the placement or construction of a structure within ten (10) feet of the pink	Sethack to Sentic Tank or Holding Tank	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from the Established Right-of-Way Setback from the North Lot Line	back fr	Please			
of Inspe	n(s):Town, Con Mot Water	Dection S	was Josed B Record	/ Variar Vo	cel a Su 1 Comn ture N	370/32	Infor	(9)	ly surveys cement o surveyed ensed sur	Drain	Sentic	om the	om the	om the	(8) Setbaci	.(		(3) (4) (6) (7)
Ctor:	Le Trom		Parcel uilding	ice (B.C	b-Stanı non Ow on-Con	8	matic <sub>ite):</sub>	Stake For T	ed corner or constru corner to veyor at	Field (Portal	Tank	South West	Estab	Cente	setba			Show I Show: Show: Show: Show:
	S Comittee		Legally Site De	).A.)	dard Lo /nershi formin	图	)n (Co	e or Ma No he Con	or marke ction of a o the othe the owne	ole, Co	or <b>Hol</b> i	Lot Lin	lished Lot Lii	rline o	etbacks: (m			Show / Indicate: Show Location c Show: Show: Show: Show any (*): Show any (*):
HOLE N	tee or Board C		lineate	Case #:	1 □ Yes		unty	ark Pro FICE: A structic	d by a lice structure r previous r's expens	mposti	ling Ta	e   e	Right-c	f Platte	(7) above (prior to tike: (measured to tike)	•		Show / Indicate: Show Location of (*): Show: Show: Show: Show any (*): Show any (*):
Hold For TBA:	E Lond	estal		<b>-</b>	The state of the s		Jse O	Diposec Ill Land on Of No	nsed surv more tha sily surveyse.	ng)	2		of-Way	ed Roa	(prior to			
	itions Attache  The Man	1	Mares □	1	(Deed of Record) (Fused/Contiguo		nly)	Use Perew One	eyor at th n ten (10) ed corner	n (10) fee		1		α.	o continuing) the closest	See		North (*) Dri All Exis (*) We (*) Lak (*) We
1 St	onditions Attached? I re		8 8 		(Deed of Record) (Fused/Contiguous Lot(s))		S <sub>i</sub>	rmits Ex	le awner's ) feet but l						∰E  7 <b>0</b>	0		(*) Driveway and (*) F All Existing Structures (*) Well (W); (*) Septil (*) Lake; (*) River; (*) (*) Wetlands; or (*) Sl
	Acun Moun	Madd.			Lot(s))	Permit Date:	Sanitary Number: Reason for Denial:	of <u>New</u> pire On Family Village	expense. less than t		)   	245 11. 2.6.C.	107	132 F	oint)	attached		and (*) and (*) ructure (*) Sep (iver; (*) or (*)
Hold P	ŭ	d by:				ate:	Numbe or Deni	Const (1) Ye (1) Ye (2) Ye (2) Ye (3) Ye (4) Ye (4) Ye (5) Ye (6) Ye (7)	hirty (30) Departm	36		'		2	6 9	2		Fronta es on yatic Tan tic Tan Slopes
Hold For Affidavit: □	計ら ろ				NO ON ME	6		In the local Town, Village, City, State or Federal agencies may also require permits.	feet from	Feet Feet	Feet	Feet Feet	Feet Feet	Feet		2	Sale	uge Roa our Pro k (ST); km/Cre over 2:
awit:	If No they need to	M:	We	Previo	Mitig	ر س		, <u>Septic</u> I the Da Munici Federal	the minin	boundan	Se	Se	Set	Set				id (Nan perty (*) Dra (*) or ( 0%
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	• De att		eny Lii	anted t	Mitigation Required Mitigation Attached			ST), <u>Dr</u> suance Suance Are Rec es may	red setba	a high	Well	om Wo	om the	om the	9			tage R
Hold For Fees: □	be attached.)		were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance ☐ Yes ¾ No	□ Yes		# of b	ain fiek if Const juired T also rec	ck, the bo	boundary line from which the certack must be		Setback from Wetland Setback from 20% Slope A Elevation of Floodplain	Setback from the River, Stream, Creek Setback from the Bank or Bluff	take (	Changes in plans must be approve			oad) *) <b>Hok</b>
or Fees			Proper	nce (B.	15 7 4 5 A 2 5 6 13 6 A 14 1		# of bedrooms:	1 (DF). ructior o Enfor	undary lir corner w	mict he r		e Area	Stream or Bluf	ordina	es in plans n			ling Ta
			ty Surv	(B.O.A.)	X No		is:	Holding or Use ce The rmits.	e from whithin 500 f	neacured			n, Cres	ry high	mustb			nk (HT)
					> >			g Tank ! has no Unifor	hich the s	measured must be uisili				-water	ve appr			) and/c
_ 		Lakes Classifica  Date of Re-Ins	X Yes _		Affidavit Required Affidavit Attached		Sanita	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	isible from				mark)	oved by			North (N) on Plot Plan  (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
tte of A		Classific F Re-Ir			Requii Attach		Sanitary Date:	<u>rivy (P</u> 1. ling Co	ust be me						/the P			rivy (P)
Date of Approval: 13		Lakes Classification ( Date of Re-Inspection:						), and ) de.	esured m	winds by s			\$\$ ##	ಬ	ed by the Planning & Zoning Dept.  Measurement			
		ۮؠؖٳ			Yes es			<u>Well (</u> V	ust be vit	ish chroned career to the	2		. 742	<b>T</b>	ning & Zoning D			
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